

- **Play a more direct role in providing academic support for major projects at Sunnybrook, SickKids, and at least one other U of T hospital.** This has happened only haphazardly to date—the hospital has a need that we happen to find out about and have the time and resources to assist with. Dr. Coffey holds a position within SickKids related to patient safety, and Dr. Etchells is medical director of informatics at Sunnybrook. These positions lead to some opportunities, but there are issues with how they are branded. Similarly, Dr. Shojania is the scientific director of BRIDGES, a \$5M project funded by the MOH and led by the Departments of Medicine and Family and Community Medicine aimed at developing and evaluating improvement projects related to coordination of care across hospital and ambulatory settings. This has resulted in various projects in other hospitals, but the relationship to C-QuIPS has been indirect. Solidifying a formal relationship between BRIDGES and the Centre represents an important goal, though may not be feasible. In terms of adding another hospital with which we work on a regular basis, the most likely candidate is St. Michael's, given our relationships with core members such as Dr. Lianne Jeffs in Nursing and Drs. Irfan Dhalla and Chris Hayes in Medicine, as well as the interest in QI on the part of Dr. Bob Howard, the CEO of St. Michael's and a member of our Executive Board.
- **Formalizing a network structure for the various research groups in the UofT community working in patient safety and quality improvement.** Fragmentation across the UofT remains a problem, with major activities similar to those of the Centre in the Knowledge Translation Program within the Li Ka Shing Institute at St. Michael's Hospital, the Human Factors group and the Centre for Innovations in Complex Care at UHN, and a new Institute for Health System Solutions and Virtual Care at Women's College Hospital. We need to harmonize the activities of these various groups and more consistently identify opportunities for synergy and collaboration. It may be that we need to think of formalizing a network structure among these different groups, similar to SIM-ONE and the various hospital-based simulation groups.

Appendix A - Core and Affiliate Members of the Centre for Quality Improvement and Patient Safety (C-QuIPS)

Directors and Staff



Kaveh G. Shojania, MD
Director, C-QuIPS
Associate Professor of Medicine
Sunnybrook Health Sciences Centre and the University of Toronto
Editor-in-Chief, *BMJ Quality & Safety*

Dr. Kaveh Shojania is Director of the Centre for Patient Safety at the University of Toronto and a hospital-based general internist at Sunnybrook Health Sciences Centre. His research focuses on identifying evidence-based patient safety interventions and effective strategies for translating evidence into practice. He has published over 100 peer review articles, including in the *New England Journal of Medicine*, the *Lancet*, the *Journal of the American Medical Association (JAMA)*, the *British Medical Journal*, and the *Canadian Medical Association Journal (CMAJ)*. He has lectured widely to a broad range of professional and general audiences in Canada, the United States, Europe, and Japan on issues related to the scholarly advancement of patient safety and quality improvement, including twice delivering invited lectures to the US Institute of Medicine.

Dr. Shojania obtained his medical training at the University of Manitoba in Canada, followed by residency training at Harvard University. After a clinical research fellowship at the University of California San Francisco, he joined the faculty there for several years before returning to Canada in 2004.

In addition to his research, Dr. Shojania has also developed a number of educational initiatives in patient safety, including two websites produced for the US Agency for Healthcare Research and Quality, which now receive approximately 1 million visits a year. He has also written a book on patient safety for a general audience that received excellent reviews in the *New York Times* in addition to many other media, and has sold over 50,000 copies since its release in 2004. For this and other work, Dr. Shojania received one of the John M. Eisenberg Patient Safety Awards from the US Joint Commission for the Accreditation of Healthcare Organizations and the National Quality Forum for work in patient safety that has had an impact at a national level. Since January 2011, he has been the Editor-in-Chief of *BMJ Quality and Safety*, published by the *British Medical Journal* and the leading scientific publication in the fields of patient safety and healthcare quality improvement.



Brian M. Wong, MD FRCPC
C-QuIPS Associate Director and Site Lead, Sunnybrook Health Sciences Centre
Assistant Professor of Medicine
Director of Continuing Education and Faculty Development in Quality Improvement
Department of Medicine, University of Toronto

Dr. Wong received his MD and subsequent specialty training in General Internal Medicine at the University of Toronto. After completing his residency training in 2007, he undertook a research fellowship in patient safety funded by the Canadian Health Services Research Foundation. As part of this fellowship, he became certified as an Improvement Advisor through the Institute for Healthcare Improvement in Boston, Massachusetts, and completed the Education Scholars Program at the Centre for Faculty Development at the University of Toronto.

He is actively involved in delivering patient safety and quality improvement training to learners across the learning continuum. Over the past 5 years, he has trained several hundred trainees and faculty through various educational activities at the local and national level. His research the sits at the intersection of quality improvement, patient safety and medical education has helped to advance our collective knowledge for how best to teach quality improvement and patient safety and integrate these concepts into training. He is a member of steering committees focused on establishing national faculty development strategies in quality and safety at both the Royal College of Physicians and Surgeons of Canada and the Association of American Medical Colleges.

Other research interests include improving the reliability of in-hospital paging communication, studying the unintended consequences of computerized provider order entry systems, evaluating the impact of error disclosure training, and implementing and evaluating the use of a near-real time trigger tool to detect adverse events.



Trey Coffey, MD, FAAP, FRCPC
C-QuIPS Associate Director and Site Lead, Hospital for Sick Children
Medical Director for Quality and Safety, Hospital for Sick Children
Assistant Professor of Paediatrics
University of Toronto

Dr. Trey Coffey was inspired to pursue quality and safety during her residency at Seattle Children's Hospital where she participated in the launch of a hospital-wide morbidity and mortality/safety conference series and was exposed to rapid improvement using LEAN methods. She brought her passion to SickKids and the University of Toronto upon joining the Division of Paediatric Medicine in 2005. While working as a busy hospitalist on the 7BCD wards, Trey has co-chaired the Division's Quality Committee, completed the U of T Certificate in Patient Safety and Quality Improvement, and become steadily more involved in hospital-wide and multi-site projects.

In 2006, Dr. Coffey embarked on the implementation of medication reconciliation as part of the Safer Health Care Now! Campaign. She later published a series of papers on the subject, one of which was the first research paper on medication reconciliation in pediatrics. Building on an interest in disclosure of medical error after co-presenting a conference with Drs. Dena Brownstein and Tom Gallagher at the University of Washington, Dr. Coffey published a mixed-methods study on resident attitudes around disclosure and is currently working on a qualitative study of parents' needs around disclosure and a collaboration with Drs. Lynfa Stroud and Brian Wong to evaluate a multi-specialty disclosure curriculum utilizing standardized patient encounters. Under the mentorship of Dr. Anne Matlow, Dr. Coffey participated in the Canadian Pediatric Adverse Events Study. More recently, she has become interested in the area of teamwork and communication (TWC). She is site-lead for the I-PASS study which is evaluating the impact of a TWC-based resident handoff curriculum at ten sites across North America (Dr. Christopher Landrigan, PI). Through the development of this curriculum, Dr. Coffey was introduced to the TeamSTEPPS program and she is embarking on a pilot test of interprofessionally-delivered TWC training at SickKids.

Dr. Coffey's most important and enjoyed activity remains hands-on improvement in the organizational context. She is very fortunate to be part of a SickKids team which is embracing the LEAN-based Daily Continuous Improvement Program. With her combined roles of Associate Director at the University of Toronto Centre for Patient Safety, Medical Officer for Patient Safety at SickKids, and executive member of the Pediatric International Patient Safety and Quality Community, Trey is working to bring awareness of the latest safety innovations to SickKids and also to facilitate the spread and uptake of safety innovations.



G. Ross Baker, PhD
C-QuIPS Director of Graduate Studies
Professor, Institute of Health Policy, Management, and Evaluation (IHPME)
Faculty of Medicine
University of Toronto

Dr. Baker is a Professor at the Institute of Health Policy, Management and Evaluation at the University of Toronto. Together with Dr. Peter Norton, at the University of Calgary, he led the landmark Canadian Adverse Events study published in the *Canadian Medical Association Journal* in 2004.

Dr. Baker was a member of the National Patient Safety Steering Committee that recommended the creation of the Canadian Patient Safety Institute, and he has helped lead the *Safer Healthcare Now!* Campaign, the Canadian adaptation of the well-known 100,000 lives campaign in the United States (and the subsequent five million lives initiative) focused on implementing widespread implementation of concrete improvements in patient safety. Further reflecting his national and international recognition as a patient safety researcher, Dr. Baker co-chairs key committees for the World Health Organization's Patient Safety Alliance.

Dr. Baker's educational and research activities focus on the epidemiology of patient safety problems and organizational innovations that enhance healthcare quality and safety. His book, "High Performing Healthcare Systems: Delivering Quality by Design" (2008), analyzed seven health care systems that have successfully used quality improvement tools and knowledge management strategies to transform their health delivery. In 2007, he received the Filerman Prize for Innovation in Health Management Education by the Association of University Programs in Health Administration.



Christopher Parshuram, MD PhD FRCP

C-QuIPS Director of Pediatric Patient Safety Research
Associate Professor, Critical Care Medicine & Paediatrics, Critical Care Medicine, Health Policy Management & Evaluation
Scientist, SickKids Research Institute

Dr. Parshuram graduated from Otago University of New Zealand (1990), with prizes in medicine and pharmacology. Following a residency in paediatrics at the Royal Children's Hospital in Melbourne, Australia, he moved to Canada where he completed specialist fellowship training in paediatric critical care medicine and clinical pharmacology in Toronto and Edmonton. His Doctoral Studies in Clinical Epidemiology at the University of Toronto focused on the subject of patient safety.

Dr. Parshuram joined the Department of Critical Care Medicine at the Hospital for Sick Children in 2003, and he is an investigator in Child Health Evaluative Sciences in the HSC Research Institute. In addition to formal training in systems of healthcare delivery, Dr. Parshuram has expertise in cardiac arrest prevention, reducing errors that are associated with medications, and preventing fatigue in healthcare workers. He has received peer-reviewed research funding from the Heart and Stroke Foundation of Canada, the Society of Critical Care Medicine, and the Canadian Institutes of Health Research. Dr. Parshuram was the international member of the US Institute of Medicine's Committee on Optimizing Resident Duty Hours.



Chaim Bell, MD, PhD, FRCPC

C-QuIPS Site Lead for VA Quality Scholars Program
Research Director, Antimicrobial Stewardship Program
Mount Sinai Hospital / University Health Network
CIHR/CPSI Chair in Patient Safety & Continuity of Care, Mount Sinai Hospital
Associate Professor, Department of Medicine and the Institute of Health Policy, Management & Evaluation, University of Toronto

Dr. Chaim Bell is an Associate Professor of Medicine and Health Policy, Management and Evaluation at the University of Toronto. He is a hospital-based general internist at Mount Sinai Hospital. He is also an adjunct scientist at the Institute for Clinical Evaluative Sciences (ICES) in Ontario and a Core Member of the University of Toronto Centre for Quality Improvement and Patient Safety. Dr. Bell's research focuses on the quality of patient care in hospitals and their transitions to the community. As well, he has many papers on ophthalmologic health services research. Chaim has also authored several publications examining the quality and methodology of cost-effectiveness analyses as well as how they should be incorporated into health policy decisions.

Dr. Bell sits on Ontario Ministry of Health and Long-Term Care expert advisory panels on Most Responsible Physicians in Hospitals, Avoidable Hospitalizations, Medication Viewer and Medication Reconciliation, and the Vision Strategy Expert Panel. He co-chairs the COPD Expert Panel to establish Quality Based Funding for hospitals. He previously sat on the expert panel for cataract surgery wait times and led the ICES reports on cataract surgery rates and waiting times as part of the provincial wait times strategy. He was a member of the Ontario Health Technology Advisory Committee (OHTAC), an economic reviewer for the Ontario Ministry of Health Committee to Evaluate Drugs (CED), and was a member of the Ontario Ministry of Health Committee to Evaluate Drugs/ Cancer Care Ontario subcommittee for the funding of new cancer drugs and the Ontario Ministry of Health/Ontario Medical Association Guidelines Advisory Committee. He now sits on the pan-Canadian Oncology Drug Review. Dr Bell recently became a medical consultant to the Health Quality Branch of the Ontario Ministry of Health and Long-Term Care.

He serves as one of the Medication Reconciliation Faculty for *Safer Healthcare Now!*, a national campaign to improve healthcare delivery and patient safety across Canada.

Dr Bell directs the Toronto site of the Veteran's Affairs Quality Scholars fellowship training program at C-QuIPS, and he is an Associate Editor for *BMJ Quality and Safety*.

Dr. Bell received his MD from the University of Toronto and completed his specialty training in Internal Medicine and Clinical Investigation at the University of Toronto. He was a Visiting Fellow in Medical Economics and Cost-Effectiveness Analysis at the Harvard School of Public Health and then received his PhD in Clinical Epidemiology and Health Services Research from the University of Toronto. Dr. Bell holds a joint Canadian Institutes of Health Research and Canadian Patient Safety Institute Chair in Patient Safety and Continuity of Care.



Leahora Rotteau, MA (doctoral student, IHPME)
Program Manager, C-QuIPS

Ms. Rotteau received her MA from the University of Waterloo's Faculty of Applied Health Sciences. She worked in the Veteran's Centre at Sunnybrook Health Sciences Centre before joining Dr. Shojania's research team as project manager for a national study of implementation issues for patient safety practices in paediatric and adult hospitals. She became Program Manager for C-QuIPS in December 2009. Ms. Rotteau oversees the general operations of the Centre, coordinates initiatives and provides project support for Centre-based research programs. She brings expertise in project management and qualitative healthcare research to the team. She is currently working to complete her PhD in Health Services Research at the Institute for Healthcare Policy, Management and Evaluation at the University of Toronto with an interest in using qualitative methods to understand the context of quality improvement implementation.



Lisha Lo, MPH
Administrative and Research Coordinator, C-QuIPS

Ms. Lo received her MPH from the University of Hong Kong and worked at the University's School of Public Health as a research assistant before returning to Toronto, where she conducted a systematic literature review on trigger tools under the guidance of Prof. Ross Baker, Dr. Anne Matlow and Ms. Virginia Flintoft at the Institute of Health Policy, Management and Evaluation at the University of Toronto. In April 2010, she joined C-QuIPS, where she provides administrative and research support for Centre-based research projects as well as helps to coordinate educational programs and other activities for the Centre.

Drs. Ed Etchells and Anne Matlow were previously Associate Directors at Sunnybrook and SickKids, respectively. They are now core members of C-QuIPS, but their biographies appear here because they served as C-QuIPS Associate Directors for much of the Centre's first 5 years.



Edward Etchells, MD MSc FRCPC
Medical Director of Information Services
Sunnybrook Health Sciences Centre
Associate Professor of Medicine
University of Toronto

Dr. Etchells received his MD and subsequent specialty training in General Internal Medicine at the University of Toronto. He joined the faculty of the Department of Medicine after completing an MSc in Clinical Epidemiology. His initial academic interests lay in clinical bioethics, with a focus on informed consent and decision making capacity. After five years of working as an inpatient attending physician, he realized that the safe and reliable delivery of healthcare were recurrent problems. After delivering teaching rounds and presentations in patient safety at the University Health Network (Toronto Western Division), he moved to Sunnybrook Health Sciences Centre to direct the new Error Management Unit established by Dr. Donald Redelmeier a clinician and senior health services researcher at Sunnybrook and the Institute for Clinical and Evaluative Sciences (ICES). Dr. Etchells conducted some of the original research that established medication reconciliation globally as a best practice in patient safety, and he was a co-investigator on the Canadian Adverse Events Study.

Working with Dr. Redelmeier, he co-founded the Patient Safety Service, the first hospital-based academic safety service in Canada, with support from the Sunnybrook senior leadership team. The Service delivered educational programs in patient safety to hospital staff and students as well as national and international audiences. The Service's 2005 paper 'Unintended Medication Discrepancies at the Time of Hospital Admission' is cited as a patient safety classic on the Agency for Healthcare Research and Quality Patient Safety Net website and its novel methods for identifying and classifying medication errors were adopted by the Canadian *Safer Healthcare Now!* campaign and the World Health Organization's 'High 5's' medication reconciliation initiative.

Dr. Etchells helped to establish the Department of Medicine's Quality Partners program in 2006 and the U of T Certificate Course in Patient Safety and Quality Improvement in 2008, which became a centerpiece of the educational programs at C-QuIPS. Dr. Etchells stepped down as Associate Director at C-QuIPS in March 2013 to focus on his role as Medical Director of Informatics at Sunnybrook. He remains involved as a core member of C-QuIPS teaching in the Master's program. His research interests include medication reconciliation, computerized medication order entry, and real-time alerting and decision support for critical laboratory values.



Dr. Anne Matlow, MD, FRCPC

Professor, Department of Paediatrics and Department of Laboratory Medicine and Pathobiology
University of Toronto

Dr. Anne Matlow was Medical Director of Patient Safety and Infection Prevention and Control at SickKids and Associate Director of C-QuIPS until March 2012, when she took up the position of Vice-President Education at Women's College Hospital. She has remained a core member at C-QuIPS teaching in the Master's program.

Dr. Matlow received an MSc in Microbiology and Immunology from McGill University, graduated from the University of Toronto, Faculty of Medicine, and obtained specialty qualifications in Internal Medicine, Infectious Diseases, and Medical Microbiology. In 2003 she graduated with the inaugural class of the American Hospital Association/Health Forum's Patient Safety Leadership Fellowship.

Dr. Matlow is active in Patient Safety and Infection Control at the local, national, and international levels. She sits on the Executive Board of the Canadian Patient Safety Institute, is a member of the patient safety collaborative of the Canadian Association of Paediatric Health Centres, and is co-founder and chair of the Paediatric International Patient Safety and Quality Community (PIPSQC), an international collaborative with members in Canada, the United States, the United Kingdom, and Australia. Dr. Matlow has helped develop educational initiatives in patient safety at the University of Toronto and is working on a curriculum focused on paediatric patient safety through the Paediatric Chairs of Canada.

Dr. Matlow's passion for patient safety in paediatrics spans a wide range of topics, but she is particularly focused on the importance of communication and family involvement as well as the identification and disclosure of adverse events. She and Professor Ross Baker led a team that recently completed the Canadian Paediatric Adverse Events Study (CPAES), the first study of its kind to characterize the epidemiology of adverse events in hospitalized children. The findings appeared in the *Canadian Medical Association Journal* in 2012 and will have major impact on the delivery of healthcare to children in Canada.

Core members

Core members with C-QUIPS are members of one of the University of Toronto Faculties with research, teaching, administrative, or other professional activities interests that align with C-QuIPS' mission, and who are actively involved in research or educational activities with C-QuIPS. While their primary affiliation typically still lies with another Department or academic unit of some kind, core members participate in Centre educational and research activities in more than just an occasional, ad hoc manner. They typically have led sessions at symposia, frequently teach in educational offerings from the Centre, or frequently collaborate in research projects with other members of the Centre. They may also be asked to supervise or mentor trainees associated with C-QUIPS education programs.

Irfan Dhalla, MD, MSc, FRCPC

Scientist, Keenan Research Centre of the Li Ka Shing Knowledge Institute, St. Michael's Hospital
Medical Director, Quality and Research, St. Michael's Hospital
Assistant Professor, Departments of Medicine and Institute of Health Policy, Management and Evaluation, University of Toronto
Staff Physician, Department of Medicine, St. Michael's Hospital
Adjunct Scientist, Institute for Clinical Evaluative Sciences
Affiliated Faculty, School of Public Policy and Governance, University of Toronto

Edward Etchells, MD, MSc (Associate Director of C-QuIPS from 2009-13)

Associate Professor, Department of Medicine, University of Toronto
Director, Patient Safety Improvement Research, Centre for Health Services Sciences
Medical Director, Information Services and Staff Physician, Division of General Internal Medicine, Sunnybrook Health Sciences Centre

Chris Hayes, MD, MSc, Med

Scientist, Keenan Research Centre of the Li Ka Shing Knowledge Institute, St. Michael's Hospital
Medical Director, Quality & Patient Safety, St. Michael's Hospital
Medical Officer, Canadian Patient Safety Institute
Assistant professor, Department of Medicine and Institute for Health Policy, Management and Evaluation, University of Toronto

Lianne Jeffs, RN, PhD, MSc

Director, Nursing/Clinical Research, Nursing Administration, St. Michael's Hospital
Scientist, Keenan Research Centre of the Li Ka Shing Knowledge Institute, St. Michael's Hospital
Associate Director, Nursing Health Services Research Unit, University of Toronto
Assistant Professor, Lawrence S. Bloomberg Faculty of Nursing and Institute of Health Policy, Management and Evaluation, University of Toronto

Peter Laussen, MB.BS., FCICM

Chief, Critical Care Medicine, The Hospital for Sick Children
Professor, Department of Paediatrics, University of Toronto
Chair, Critical Care Medicine and David and Stacy Cynamon Chair, The Hospital for Sick Children

Anne Matlow, MD, FRCPC (Associate Director of C-QuIPS from 2009-13)

Professor, Departments of Paediatrics and Laboratory Medicine and Pathobiology
University of Toronto

Conor McDonnell, MB, MD, FFARCSI

Staff Anesthesiologists, The Hospital for Sick Children
Assistant Professor, Department of Anesthesia, University of Toronto

Affiliate Members

C-QuIPS affiliate members are faculty members, whose research or educational activities align with the mission of the Centre. Affiliate members will help advance the mission of the Centre through research or education when opportunities arise, but their collaboration in research or educational activities with the Centre is more ad hoc. Affiliate members often attend C-QuIPS events and may occasionally be asked to present at Centre rounds or symposia, collaborate on a research project, or act as a guest lecturer in the Certificate Course in Quality Improvement and Patient Safety.

Andre Amaral, MD

Associate scientist, Evaluative Clinical Sciences, Trauma, Emergency & Critical Care Research Program, Sunnybrook Research Institute
Intensivist, Critical Care medicine, Sunnybrook Health Sciences Centre
Assistant Professor, Department of Medicine, University of Toronto

Sasha Bhatia, MD, MBA, FRCPC

Director of Women's College Institute for Health System Solutions & Virtual Care
Staff Physician, Division of Cardiology, Women's College Hospital and University Health Network
Assistant Professor, Department of Medicine, University of Toronto

Onil Bhattacharyya, MD, PhD

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Clinician Scientist, Li Ka Shing Knowledge Institute, St. Michael's Hospital
Assistant Professor, Department of Family and Community Medicine, University of Toronto
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Deputy Chief Coroner - Investigations
Chair of the Patient Safety Review Committee, Office of the Coroner

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Centre Lead and Director, Medical Device Informatics and Healthcare Human Factors, Centre for Global eHealth Innovation, University Health Network, University of Toronto

Anjum Chagpar, MHSc, PEng

Manager, Healthcare Human Factors Group, University Health Network

Marlys Christianson, MD PhD

Assistant Professor of Organizational Behaviour and Human Resource Management, Rotman School of Management, University of Toronto

Natalie Coburn, MD, MPH

Surgical Oncologist, Surgical Oncology, Sunnybrook Health Sciences Centre
Associate Scientist, Combined Health Services Sciences
Odette Cancer Research Program and Sunnybrook Research Institute
Assistant Professor, Surgery, University of Toronto
Adjunct Scientist, Institute for Clinical Evaluative Sciences (ICES) of Ontario

Eyal Cohen, MD, MSc

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Project Investigator, Child Health Evaluative Sciences, SickKids Research Institute
Assistant Professor, Paediatrics, University of Toronto
Assistant Professor, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto
Investigator, CanChild Centre for Childhood Disability Research, McMaster University

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Senior scientist, Evaluative Clinical Sciences, Trauma, Emergency & Critical Care Research Program,
Sunnybrook Research Institute
Professor, department of Anesthesia, University of Toronto
Honorary professor, University of Aberdeen, Scotland

Rita Damignani, PT

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Scientist, Clinical Epidemiology Program, Sunnybrook Research Institute
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Phil Ellison, MD, MBA, CCFP, FCFP

Staff physician, Department of Family and Community Medicine, University Health Network
Director, Family Medicine residency program and Family Medicine In-patient Service, University Health
Network
Medical Advisor, Toronto Central Community Care Access Centre

Sherry Espin, RN, MEd, PhD

Associate Professor, School of Nursing, Ryerson University

Virginia Flintoft, RN, MSc

Project Director, Institute of Health Policy Management and Evaluation, University of Toronto

Olavo Fernandes, PharmD

Clinical Director of Pharmacy, Toronto General Hospital, University Health Network
Assistant Professor, Leslie Dan Faculty of Pharmacy, University of Toronto

William Geerts, MD

Director, Thromboembolism Program, Sunnybrook Health Sciences Centre
Senior Scientist, Clinical Epidemiology Program, Sunnybrook Research Institute
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Associate Staff Physician, Division of Nephrology, University Health Network

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Staff Physician, Emergency Medicine, The Hospital for Sick Children
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Ron Laxer, MD, CM, FRCPC

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Jerome Leis, MD, MSc

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Assistant Professor, Department of Medicine, University of Toronto

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Chief of Medical Staff, Credit Valley Hospital and Trillium Health Centre
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Assistant Professor, Department of Medicine, University of Toronto
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Canada Research Chair in Medical Decision Sciences
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Staff Emergency Physician, Sunnybrook Health Sciences Centre
Clinician Scientist and Associate Professor, Department of Medicine (Division of Emergency Medicine), University of Toronto
Director, Division of Emergency Medicine, Department of Medicine, University of Toronto
Senior Scientist, Institute for Clinical Evaluative Sciences
CIHR Applied Chair, Health Services and Policy Research

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Head, Division of Obstetrics and Medical Director Intrapartum, Mount Sinai Hospital
Professor of Obstetrics and Gynecology, University of Toronto

Christine Soong, MD, CCFP

Assistant Professor, Department of Medicine, University of Toronto
Staff Physician, Mount Sinai Hospital

Polly Stevens, MBA

Vice President, Healthcare Risk Management, HIROC

Sharon Straus MD, FRCPC, MSc.

Scientist, Keenan Research Centre of the Li Ka Shing Knowledge Institute, St. Michael's Hospital
Director, Knowledge Translation program, Li Ka Shing Knowledge Institute, St. Michael's Hospital and University of Toronto
Professor, Department of Medicine, University of Calgary
Professor, Department of Medicine, University of Toronto
Division Director, Geriatric Medicine, University of Toronto
Professor (status only), Institute for Health Policy Management and Evaluation, University of Toronto
Principal Investigator, Knowledge Translation Program, University of Toronto

Alene Toulany, MD

Staff Physician, Division of Adolescent Medicine, The Hospital for Sick Children

Ann Tourangeau, RN, PhD

Associate Dean, Academic Programs at U of T Nursing
Adjunct Scientist, Institute for Clinical Evaluative Sciences (ICES)

Patricia Trbovich, PhD

Human Factors Specialist, in the Healthcare Human Factors Group, Centre for Global eHealth Innovation, University Health Network
Assistant Professor, Clinical Engineering, Institute of Biomaterials and Biomedical Engineering, University of Toronto

Maureen Trudeau, MD, MA

Head, Division of Medical Oncology/Hematology, Sunnybrook Health Sciences Centre
Head, Systemic Therapy Program, Odette Cancer Centre, Sunnybrook Health Sciences Centre
Professor, Department of Medicine, University of Toronto
Associate Member, Institute of Medical Science, University of Toronto

Adam Weizman, MD

Staff Physician, Division of Gastroenterology, Women's College Hospital
Assistant Professor, Department of Medicine, University of Toronto

Robert Wu, MD, MSc

Staff Physician, Division of General Internal Medicine, University Health Network
Research Director, Centre for Innovation in Complex Care
Assistant Professor, Department of Medicine, University of Toronto

Appendix B - Publication Output for C-QuIPS and Comparator Centres

We sought to compare our research output (in terms of publications) with comparable centres in Canada, the US, and the UK. We chose Imperial College in the UK as it has had an internationally recognized Centre for Patient Safety and Service Quality for many years. For the US, we chose one of the most widely recognized centres for patient safety (at Johns Hopkins) as well as the program at Northwestern University, because it has had a formal Master's program for several years. For Canada, we chose the University of Calgary, including the Ward of the 21st Century (W21C), and The Ottawa Hospital Centre for Patient Safety.

For each of the Centers, some members have published papers on a wide variety of topics, not just unrelated to quality or safety. To avoid having to sort through the citation lists for each centre and apply subjective judgments about what counts as related to patient safety or healthcare quality, we applied a PubMed search string with key terms related to patient safety and healthcare quality¹ to the list of authors/members for each of the above Centers. The search string consisted of MeSH terms and key words related to patient safety and healthcare quality as well as journals that primarily publish articles on these topics.

Centre	Members	Medline Publications (Jan 2009-July 2013)	Publications per member
C-QuIPS (Toronto)	8 (48)*	179 (405)*	22 (7)
Ottawa Hospital	3	85	28
University of Calgary	22	96	4
Northwestern University	26	205	8
Johns Hopkins University	43	444	10
Imperial College London	54	405	4

* For C-QuIPS, we performed one search restricted to the 8 members who have held titles positions within C-QuIPS— Kaveh Shojania (Director), Brian Wong (Associate Director, Sunnybrook), Edward Etchells (former Associate Director, Sunnybrook and still a core member), Trey Coffey (Associate Director, SickKids) or Anne Matlow (former Associate Director, SickKids), or Chris Parshuram (Research Director, SickKids), or Ross Baker (Director of Graduate Studies, and Chaim Bell (lead for VA Quality Scholars Program). This restricted search yield 179 publications from 2009-July 2013. A separate search including the additional 48 core and affiliate members yielded 226 additional papers, for a total of 405 publications from 2009-213.

For each of the results, there may be some missing papers and some papers only peripherally related to patient safety or healthcare quality (e.g., health services research papers). But, these under- and over-inclusions apply equally to the search results for all the Centres.

¹ (((medical error[mh] OR Diagnostic Errors[mh] OR iatrogenic disease[mh] OR sentinel surveillance[mh] OR safety[mh] OR Hospital Mortality [mh] OR (adverse[ti] AND event*[ti]) OR (patient[ti] AND (safety[ti] OR harm*[ti] OR injury[ti] OR injuries[ti] OR mortality [ti] or morbidity [ti])) OR ((quality[ti] OR performance[ti] OR mortality [ti] OR morbidity [ti]) AND (measurement[ti] OR improve* [ti] OR improving [ti] OR improvement[ti] OR indicator*[ti])) OR benchmarking[ti] OR benchmark*[ti] OR (Quality of Health Care[mh] OR Patient Satisfaction[mh] OR Electronic Health Records[mh] OR Medical Errors[mh] OR Patient Safety[mh] OR Physician's Practice Patterns[mh] OR "outcome assessment (health care)"[MeSH Terms] OR Health Services Misuse[mh] OR Quality Assurance, Health Care[mh] OR Organizational Culture[mh] OR Decision Support Systems, Clinical[mh] OR Guideline Adherence[mh] OR Medical Order Entry Systems[mh] OR Unnecessary Procedures[mh] OR Decision Support Techniques[mh] OR Safety Management[mh] OR Clinical Competence[mh] OR Decision Making[mh] OR Evidence-Based Medicine[mh] OR Knowledge, Attitudes, Practice[mh] OR Referral and Consultation[mh] OR Education, Continuing[mh] OR Decision Support Techniques[mh] OR Decision Making, Computer-Assisted[mh] OR Hospital Information Systems[mh] OR reminder systems[mh] OR Medical Audit[mh] OR benchmarking[mh] OR peer review, health care[mh] OR Reimbursement, Incentive[mh] OR Quality Indicators, Health Care[mh])) OR accountability [tw] OR governance [tw] OR duty hours [tw] OR workload [tw] OR misconduct [tw] OR unprofessional [tw] OR non-adherence [tw] OR nonadherence [tw] OR Checklist [tw] OR information technology [tw] OR care transition* [tw] OR discharge summar* [tw] OR (interprofessional [tw] AND (communication [tw] OR collaboration [tw])) OR adverse event* [tw] OR medication reconciliation [tw] OR infection control [mh] OR infection control [tw] OR antimicrobial stewardship [tw] OR nosocomial [tw] OR "BMJ quality & safety"[Journal] OR "Jt Comm J Qual Patient Saf"[jour] OR "J Patient Saf"[jour] OR "qual saf health care"[jour] OR "med care"[jour] OR "j am med inform assoc"[jour] OR "milbank q" [jour]) or Healthc Q [journal] or Healthc Pap [ta]

We have included the references that contributed to the above numbers only for C-QuIPS, Calgary and Imperial College, but the full list for the other Centres (Ottawa, Hopkins, Northwestern University) is available on request.

U of T C-QuIPS restricted search string – Kaveh Shojanian [au] or Brian Wong [au] or Maitreya Coffey [au] or Edward Etchells [au] or Anne Matlow [au] or Chris Parshuram [au] or Ross Baker [au] or Chaim Bell [au]

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Search string for University of Calgary Ward of the 21st Century – Ward Flemons [au] or William Ghali [au] or Maria J Santana [au] or Sachin Pendharkar [au] or Evan Minty [au] or Aleem Bharwani [au] or Ghazwan Altabbaa [au] or Barry Baylis [au] or John Conly [au] or Douglas Hamilton [au] or Dave Hogan [au] or Penny Jennett [au] or Jane Lemaire [au] or Irene Ma [au] or Maeve O’Beirne [au] or Peter Sargious [au] or Chad Saunders [au] or H Tom Stelfox [au] or Jean Wallace [au] or Deborah White [au] or Jan Davies [au] or Jeff Caird [au]

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Appendix C - Description of MSc in Quality Improvement and Patient Safety

Degree requirements

The 12 month program requires 5.0 Full Course Equivalents (FCE) which includes:

- 3.0 (FCE) (6 half courses) in the Quality Improvement and Patient Safety concentration
- 1 FCE Project Practicum
- 1 FCE (2 half courses) electives from the course offerings in the other Master of Science programs in IHPME or an experiential external practicum.

	Course	Instructors	Timing
HAD3010H	<i>Fundamentals of Improvement Science</i>	Ed Etchells and Ross Baker	Fall Intensive
HAD3020H	<i>Quality Improvement Methods</i>	Paula Blackstein-Hirsch, Ed Etchells	Fall Modular
HAD 030H	<i>Concepts and Strategies in Patient Safety</i>	Kaveh Shojania, Chris Hayes	Fall Modular
HAD3040Y	<i>Project Practicum</i>		Full year
HAD3050H	<i>Leading and Managing Change</i>	Lianne Jeffs, Paula Blackstein- Hirsch	Winter Modular
HAD3060H	<i>Quality Improvement in Health Systems</i>	Ross Baker, Chris Hayes	Winter Modular
HAD3070H	<i>Legal and Regulatory Environment and Risk Management</i>	Polly Stevens	Winter Modular
HAD3080H	<i>External Practicum (full year course) or 2 elective half courses</i>		Recommended

In addition to the above, reading courses were offered or small groups of students interested in specialized topics (e.g., human factors engineering, systematic reviews in patient safety and quality improvement).

Program Goals

1. To prepare health professionals and health care managers to Lead, Research or Teach in the areas of Quality Improvement and Patient Safety
2. To accelerate the rate of embedding evidence-based improvements into normal operations across systems and disciplines and throughout levels of healthcare in **a complex adaptive environment**
3. To enhance the scientific underpinnings of quality improvement and patient safety with wider and deeper application of qualitative and quantitative improvement data
4. To provide a local academic hub for quality improvement and patient safety in Toronto

Learning Outcomes

Graduates are able to:

1. *describe* quality improvement theory and existing methods for improving health care quality
2. *describe* patient safety theory and existing methods for improving patient safety in health care
3. *give examples* of using research and inquiry to create and interpret quality and safety knowledge
4. *understand* how to use scientific and published work to defend or evaluate a new or existing healthcare safety improvement project
5. *apply* a contextual framework for examining quality and safety challenges in a complex adaptive system - at different levels of health care delivery and across the continuum of care

6. *adapt* theory and *design and plan* education to increase capacity and capability for Quality Improvement in health care
7. *defend* the rationale and *use evidence to argue* the method/resources for quality improvement in a multi-stakeholder environment
8. *breakdown and evaluate* the threats to achieving a sustainable change concept
9. *breakdown and examine* the threats to achieving significant spread of a quality improvement change concept
10. *analyse* qualitative and quantitative data from various sources to *prioritize* quality gaps that require improvement
11. *Describe* how to develop testable research questions and *choose* appropriate research methods to study quality improvement in a healthcare setting;
12. *apply* research methods to the implementation of a quality improvement or patient safety project
13. *Produce* professional quality writing for scientific publication
14. *Effectively communicate* the results of their improvement projects and the evaluation of sustainability and spread to fellow classmates in an oral presentation

Competencies

Students are enabled to achieve the required level of proficiency in the competency domains. The competencies are reinforced throughout the entire time that the student is enrolled.

Competencies were adopted from two sources:

- Quality Improvement Innovation Partnership (QIIP) competencies for a quality improvement coach based on the CANmeds framework
- Canadian Patient Safety Institute competency domains
- Institute for Healthcare Improvement (IHI) Improvement Advisor curriculum

Quality Improvement Innovation Partnership (QIIP) QI Coach Competencies based on CANmeds Framework 2010	CPSI Safety Competencies, 2008
<p style="text-align: center;">7 Roles</p> <ol style="list-style-type: none"> 1. QI expert 2. Communicator 3. Collaborator 4. Systems Thinker 5. Manager 6. Educator and Scholar 7. Leader 	<p style="text-align: center;">6 Domains</p> <ol style="list-style-type: none"> 1. Contribute to a culture of patient safety 2. Work in teams for patient safety 3. Communicate effectively for patient safety 4. Manage Safety risks 5. Optimize human and environmental factors 6. Recognize, respond to and disclose adverse events

Knowledge Domains

The knowledge domains for the Quality Improvement and Patient Safety concentration are based upon the Institute for Healthcare Improvement (IHI) Open School eight knowledge domains for quality improvement and Batalden and Stoltz's 'Framework for Continual Improvement of Healthcare'* also acknowledging the improvement knowledge framework pioneered by Deming and Shewhart**

*Batalden PB, Stoltz PK: A Framework for the Continual Improvement of Health Care: Building and Applying Professional and Improvement Knowledge to Test Changes in Daily Work: The Joint Commission Journal for Quality Improvement 19(10): 424-452, 1993.

**Deming WE: The New Economics for Industry, Education, Government: Cambridge M.A: Massachusetts, Institute of Technology Centre for Advanced Engineering Study, 1993.

Course List - M.Sc. Quality Improvement and Patient Safety

1. HAD 3010H Fundamentals of Improvement Science (1 week intensive 26 contact hours – week Fall Term)

The course will introduce the Quality Improvement (QI) and Patient Safety program and the courses offered and a framework for successful projects. It will provide an overview of the core concepts and methods of quality improvement science, using diagnostic tools to understand the root cause of quality gaps, building a theory for change, and an introduction to quantitative analyses for quality improvement projects. Successful quality improvement is also covered in the context of project management, project charters, stakeholder engagement and managing teams.

2. HAD 3020H Quality Improvement Methods (Fall term)

The course will cover the basics of quality improvement methods including identifying and exploring quality improvement opportunities, testing, learning and implementing change, appraising the development and use of different approaches to the measurement, quality monitoring mechanisms and 'big dot' indicators; scalability and sustainability. Students will learn how to apply experience based design and health literacy concepts. They will also gain skills in applying statistical process controls to quality improvement data for the purposes of identifying true quality gaps and monitoring the impact of change.

3. HAD 3050H Leading and Managing Change in Health Care (Fall Term – 24 contact hours)

The program is designed to enhance individual leadership capacities and provide leadership tools for influencing organizational effectiveness. The course will cover a self-assessment of personal leadership skills, change management theories and application; overcoming resistance to change and modeling the environment for change; leadership strategies using cases and role playing exercises; how to embed improvement and safety into practice at all levels; negotiation and conflict management, strategy alignment of quality from the top and from the bottom; innovation and design; definition of knowledge translation and its application to quality improvement and safety.

4. HAD 3060H Quality Improvement in Health Systems (WinterTerm)

The course will examine how systems thinking and organizational theory influence complex adaptive change and the strategies needed for spread and sustainability in the context of the Canadian health system and policy framework. The course will cover broader systems issues related to healthcare funding and improvement; the strategic alignment of funding, concept of cost and quality; building a business case for quality initiatives, how to negotiate and advocate for quality in a multi-stakeholder environment, physician engagement and governance. The concepts of a systems perspectives will include the evolution of health regions, evolution of transparency in healthcare, review international developments in healthcare quality management and service improvement; Critically assess the development of policy on quality management and service improvement (Excellent Care for All Act).

5. HAD 3030H Concepts and Strategies in Patient Safety (Winter Term)

This course will cover the nature and scale of harm in health care, reporting and learning systems, fundamental issues in human error and systems thinking, reliability science and its use in patient safety improvement and attributes of organizations that support safer care such as principles of a fair and just culture related to safety, health human resources and healthy work environments, engaged leadership, teamwork and communication within teams and across transitions points. Relevant applications of patient safety theory will include discussions of the effectiveness of clinical interventions and system changes to improve safety, human factors design principles and healthcare simulation teams.

6. HAD 3070H Legal and Regulatory Environment and Risk Management (Winter Term)

The course will cover the relationship between patient safety, quality improvement and risk management, legal and regulatory environment related to quality and safety, system failure and medical errors and methods and strategies for identifying and preventing adverse events. It will include an understanding of healthcare claims management, litigation process in the context of health care safety improvement culture and transparency, post incident investigations, root cause analysis, disclosure of critical incidents. This course builds on measurement principles and statistical process controls with examples of analyzing incident reports, identifying areas for improvement and using data to monitor patient safety and outcomes of care.

7.HAD 3040Y Project Practicum (required) (280 hours – 1 FCE equivalent)

A key knowledge component and area for inquiry is the bridge between theoretical knowledge and the application of theory to practice. In the project course students will exercise essential creative and critical thinking, break down and apply theoretical information, rigorously study the impact and sustainability of a change concept, and lead and communicate a quality improvement plan. Students will also examine the critical issues and epistemology of relevant research methods, including qualitative and quantitative analyses required for quality improvement project.

8, HAD 3041Y Practicum (optional) (140 hours – .5 FCE equivalent)

The optional practicum is designed to broaden students' appreciation for and skills in leading, teaching or researching quality improvement and patient safety by allowing students to evaluate, test and further develop their related competencies in a practical setting. Practicum placements are specifically tailored to students' individual needs given their past work experience and their specific learning and career objectives.

Appendix D - Curriculum for Certificate in Quality Improvement and Patient Safety

General format of each Oct-Apr session:

- 1PM-2PM: Didactic session/lecture
2PM-2:45PM: Interactivity of small group exercises (2-4 persons) *with large group debriefing and discussion unless otherwise specified*
2:45PM-3PM: Break
3PM-4PM: Didactic session/lecture 4PM-5PM Interactivity of small group exercises (2-4 persons) OR Student presentations of ongoing quality improvement project

Format of the May 13 session ONLY:

- 1PM-2:45PM: Student presentations of ongoing quality improvement project
2:45PM-3PM: Break
3PM-5PM: Student presentations of ongoing quality improvement project and course debrief

Total Session Hours: 3.75hr/session x 12 sessions = **45 hours** excluding breaks

Total Interactivity Hours: [1.75hr/session x 11 sessions (Oct 15-Apr 29)] + [3.75hr (May 13)] = **23 hours**

Schedule of Topics

Oct 15 - Core Concepts in Safety and Quality: Defining quality and safety gaps in your practice

Presenter: Edward Etchells, MD MSc FRCPC – Dr. Etchells is the Associate Director of the Centre for Patient Safety and Staff physician at Sunnybrook Health Science Centre. He is also the co-director of the Certificate Course. He has extensive experience in medication safety studies and was also a co-investigator in the Candian Adverse Events Study.

Description: This first session introduces participants to core concepts in patient safety and healthcare quality

- Objectives:**
1. Define key safety terms
 2. Analyze frequency and causes of adverse events
 3. Discuss challenges in safety research
 4. Apply the systems approach to improving patient safety
 5. Describe five steps to improving safety: 1) Understand basis of a safety problem; 2) Match proposed solution to problem; 3) Anticipate barriers to implementation; 4) Pilot test; 5) Evaluate
 6. Outline key methodologic issues for 'quality gap' description projects
 7. Describe two biostatistical methods for these projects

- Interactive work:**
1. Small group based analysis and discussion of 10 clinical events/vignettes using the methods of major Adverse event studies in order to classify the events as errors, potential adverse events/close calls, preventable adverse events, or non-preventable AEs.
 2. Determining required sample size for process gap studies

Oct 29 - Basic Science of Improvement 1: Starting the improvement process: with clinical process mapping

Presenters: James Handyside and Michael Murray, PhD – Jim Handyside is the Director at Improvise Healthcare Inc, with over 18 years of experience in systems improvement design. Michael Murray is the Principal at Knowledge for Improvement Consulting, working with a number of organizations on quality improvement methods, patient evaluations of care and use of such data to improve healthcare and staff satisfaction/morale.

Description: In this first of two sessions, participants are taken through the steps of process mapping through 2 short lectures. They are then asked to create a process map of a familiar clinical process (the donning and removal of personal protective gear removal before exiting a room of a patient isolated for infection control). Debriefing of the exercise highlights that even when people observe the same (relatively simple) process, they can produce quite different process maps.

- Objectives:**
1. Analyze role of process mapping in quality and safety improvement
 2. Describe process mapping methods
 3. Apply process mapping methods to clinical processes

Interactive work: Hands-on process mapping exercise in small groups for donning, removing and disposing of personal protective equipment (gloves, gown, mask). The full report shows pictures of participants carrying out this exercise (p.13).

Nov 12 - Basic Science of Improvement 2: Failure Mode and Effects Analysis (FMEA)

Presenters: Donna Walsh, RN BScN FISMPC and Edward Etchells, MD MSc FRCPC. Donna Walsh joined the Institute for Safe Medication Practices (ISMP) Canada in 2005 to assist with workshop facilitation and then undertook the 2006 Fellowship in Safe Medication Management. Her current responsibilities include: development and implementation of educational material, workshop & presentation coordination, staff training, consults and support for Ontario projects. Dr. Etchells is the Associate Director of the Centre for Patient Safety and Staff physician at Sunnybrook Health Science Centre. He is also the co-director of the Certificate Course.

Description: This session explores Failure Modes and Effects Analysis (FMEA) as a tool to conduct prospective error analyses. Participants conducted an FMEA of the use of point-of-care glucometer and Epi-pen injection to develop first hand understanding of how to undertake and use this technique. The full report shows pictures of participants carrying out this exercise (p.13).

Objectives:

1. Define FMEA
2. Outline the key steps in conducting an FMEA
3. Analyze the strengths and weaknesses of FMEA
4. Discuss opportunities for adding to our understanding of FMEA in health care
5. Apply the FMEA model to evaluation of a new medical device

Interactive work: Breaking up into small groups to conducting an FMEA of a common clinical process.

Nov 26 -Basic Science of Improvement 3: Human Factors – Part 1

Presenters: James Handyside & Edward Etchells, MD MD MSc FRCPC – Jim Handyside is the Director at Improvion Healthcare Inc, with over 18 years of experience in systems improvement design. Dr. Etchells is the Associate Director of the Centre for Patient Safety and Staff physician at Sunnybrook Health Science Centre. He is also the co-director of the Certificate Course. He has led or participated in a number of patient safety projects involving the application of human factors to optimize the design of reminders, checklists, and alarms.

Description: This session is the first part of two sessions on human factors. Split into 3 lectures discussing good design features of reminders, checklists and alarms, respectively, participants were asked to bring in real-life examples from their clinical workplace to work on improving them. Participants working on QI projects gave presentations on their work thus far and received feedback from both the presenters and their peers.

Objectives:

1. Define human factors
2. Analyze the importance of omission affordances in promoting process failure
3. Apply human factors design principles for: a) Reminders; b) Checklists; c) Alarms

Interactive work:

1. Applying human factors design principles for a) reminders, b) checklists and c) alarms
2. Student presentations of projects – several students will present their projects at whatever current stage they are at in order to receive feedback from other students and from faculty. These 1 hour sessions occur intermittently over the course, so that everyone who wishes to do so can present their work.

Dec 10 - Basic Science of Improvement 4: Human Factors – Part 2

Presenter: Laura Lin Gosbee, MAsc – Laura Lin Gosbee is a Human Factors Engineer who has worked in the health care domain since 1992. She has worked with and consulted for healthcare organizations in the United States and Canada, to assist them in their patient safety efforts, including human factors testing of error-prone infusion pumps, and redesigning processes and protocols in nursing and pharmacy practice. She has led design efforts around tools and training for managing food anaphylaxis which have been adopted by schools, childcare centers, and healthcare clinicians.

Description: This session introduces participants to concepts of human factors engineering as applied to patient safety, broadly. After a short lecture on how to use these concepts and methods to identify physician safety hazards, participants are asked to participate in two exercises to test and discuss how to improve devices and physical space to improve safety. In groups of two, first participants use epi-pens on each other and point out the hazards. Later, in groups of 4-5, participants re-design a child's hospital room to maximize efficiency and minimize safety hazards.

Objectives:

1. Gain and understanding of human factors engineering (HFE) as applied to patient safety
2. Learn to use human factors concepts and methods to identify safety hazards
3. Use HFE to design and test patient safety actions (interventions)

Interactive work:

1. Human factors analysis of a common medical device (epinephrine auto injector)
2. Designing a hospital room

Jan 14 - Basic Science of Improvement 5: More Complex Evaluative Designs

Presenter: Kaveh Shojania, MD – Director of the Centre for Patient Safety and Staff Physician at Sunnybrook Health Sciences Centre. He is the Canada Research Chair in Patient Safety and Quality Improvement and co-director of the Certificate Course

Description: In this session, after a short lecture on complex evaluative designs and the importance of being able to identify key elements of an intervention, participants are asked to compare and contrast studies investigating similar safety and quality problems with different methods and resulting outcomes. Participants working on QI projects gave presentations on their work thus far and received feedback from both the presenter and their peers.

Objectives:

1. Outline methodologic issues in more complex evaluative designs such as cluster RCTs, step-wedge designs, and highlight the value of interrupted time series and controlled before after studies as opposed to simple pre-post studies.
2. Understand the importance of identifying key elements of interventions and relevant contextual factors that may impact effectiveness
3. Be familiar with the SQUIRE guidelines as roadmap for designing QI studies, not just reporting them

Interactive work:

1. Small group discussion of published evaluations of the same patient safety intervention using different study designs with different methods and results.
2. Student Presentations

Jan 28 - Basic Science of Improvement 6: Evaluating Process Change

Presenter: Edward Etchells, MD MSc FRCPC – Dr. Etchells is the Associate Director of the Centre for Patient Safety and Staff physician at Sunnybrook Health Science Centre. He is also the co-director of the Certificate Course.

Description: In this session, participants learn about the importance of using small samples in order to test small cycles of change (PDSA) in the first lecture. In the second short lecture, concepts of statistical process control are introduced. Participants plot and interpret several control charts and share their interpretations. Participants working on QI projects gave presentations on their work thus far and received feedback from both the presenters and their peers.

Objectives:

1. Analyze process change methods
2. Apply 4 useful tips for successful process change methods
3. Demonstrate importance of control charts for detecting process change
4. Apply skills in construction and interpretation of control charts for detecting change

Interactive work:

- 1) Drawing and interpreting several control charts
- 2) Student Presentations

Feb 11 - Introduction to Qualitative Methods

Presenters: Ayelet Kuper, MD, DPhil, FRCPC and Fiona Webster, PhD – Dr. Kuper attended graduate school in Medieval and Modern Languages at Magdalen College, Oxford as a Rhodes scholar, receiving a Masters degree in 1995 and a Doctorate two years later. In 1997, she enrolled in medical school and then in an Internal Medicine residency at the University of Toronto. Between 2005 and 2007 she undertook a Masters degree in Education (Health Professions specialization) at OISE and was a Wilson Centre Fellow. She joined the Faculty of Medicine at the University of Toronto in 2007 as an Internist based at Sunnybrook Health Sciences Centre. Dr. Kuper is a Clinician-Scientist in the Department of Medicine and an Associate Scientist at the Sunnybrook Research Institute. She became a Wilson Centre Scientist in 2010. Dr. Fiona Webster is an Assistant Professor and Education Scientist in the Department of Family and Community Medicine, University of Toronto, a fellow of the Centre for Critical Qualitative Health Research and a cross-appointed scientist with the Wilson Centre. She also holds cross-appointments with the Dalla Lana School of Public Health, Institute of Medical Sciences and the Institute of Health Policy Management and Evaluation. Both Dr.s Kuper and Webster have core expertise in qualitative research. Dr. Kuper organized and co-authored a series of 5 articles in the *British Medical Journal* in 2008 on different aspects of qualitative research.

Description: In this session, the first short lecture was given to explore patient safety and quality improvement questions that can be best addressed using qualitative methods; the second short lecture was to help explain the roles of theory and method in qualitative research. Participants working on QI projects gave presentations on their work thus far and received feedback from both the presenters and their peers.

Objectives:

1. Identify research questions that are best addressed using qualitative methods
2. Learn how qualitative researchers think about knowledge

3. Understand roles of theory and method in qualitative research
4. Develop introductory skills in critically appraising qualitative research

Interactive work: 1. Exercise to highlight the value of analyzing focus group-type discussions to elicit the range of opinions on a topic or question of interest (in this case “What’s a good doctor?”)
2. Student Presentations

Feb 25 - Implementation Science and Knowledge Translation 1

Presenters: Anne Stephenson, MD, Liz Tullis, MD FRCPC, Edward Etchells, MD MSc FRCPC – Cystic fibrosis (CF) has been held up as a model for data driven QI over the past 30 years. Dr. Atul Gawande wrote about this example in one of his *New Yorker* articles. Drs. Kieran McIntyre and Kaveh Shojania were invited to write a commentary (McIntyre K, Shojania KG. The challenges of quality improvement reports and the urgent need for more of them. *Thorax*. 2011) related to an article providing an overview of the application of benchmarking among centers to improve the quality of care for CF patients over the past 25 years (Quon BS, Goss CH. A story of success: continuous quality improvement in cystic fibrosis care in the USA. *Thorax*. 2011). The CF program at St. Michael's Hospital has a national/international reputation for their QI work in this area. Dr. Elizabeth Tullis (former Head of Respiriology at the UofT) and Dr. Anne Stephenson led this session highlighting some of the lessons learned from the experience with QI in CF - both internationally and locally. Dr. Etchells is the Associate Director of the Centre for Patient Safety and Staff physician at Sunnybrook Health Science Centre. He is also the co-director of the Certificate Course.

Description: This session explored the successes and lessons learned with the CF QI Team at St. Michael’s Hospital, and was followed up with more theoretical underpinnings of the “diffusions of innovation.” The participants then looked at case studies and analyzed the features of these projects that enabled them to be successfully

Objectives: 1. Analyze factors associated with successful implementation of quality and safety improvements
2. Apply these factors to case studies

Interactive work: 1. Analyzing features of improvement projects that will increase or reduce the chance of successful implementation
2. Student Presentations

Apr 15 - Implementation Science and Knowledge Translations 2

Presenters: Dante Morra, MD MBA FRCPC and Eric Chow, BAsC MS – Dr. Morra is the clinical site director of General Internal Medicine at the Toronto General Hospital, an assistant professor in the Faculty of Medicine at the University of Toronto and is cross appointed to the Rotman School of Management. His work in system transformation has been recognized with numerous individual and team awards including the 3M national quality award and the Goldie award for leadership. He is an award winning teacher and serves as the manager theme director for the undergraduate curriculum in the Faculty of Medicine. Dr. Morra is the co-founder and medical director of the Center for Innovation in Complex Care (CICC) which pioneers new models of care with the goal of healthcare transformation. His research focus is in hospital process improvement, healthcare innovation, and effective allocation of resources. Eric Chow joined the CICC as a process specialist from Johns Hopkins, where he completed his Masters in Informatics. His research in kidney transplantation and computer simulation at Hopkins provides surgeons with a patient-specific clinical decision support tool; potentially increasing the kidney donor pool by 8%.

Description: One of the best rated sessions, this starts off with an interactive lecture of change management, with the class reflecting on the idea and difficulties of change within their home institution. This is followed up with a fun and illustrative exercise (“Beanie Hospital”) in which participants first works to get “sick” teddies moved through the ER system. After a debrief, teams are asked to apply Lean concepts to redesign the system to improve the workflow of “Beanie Hospital.” It highlights what constitutes as “waste” within a system and the simple but effective methods to eliminate such waste.

Objectives: 1. Gain an understanding of how to apply change management methods through lectures to prepare for next week’s Simulation Experience
2. Experience a hands-on activity with the “Beanie Hospital” Exercise
3. Apply Lean concepts to the “Beanie Hospital” Exercise

Interactive work: 1. Beanie Hospital Simulation
2. Student Presentations

Apr 29 - Implementation Science and Knowledge Translations 3

Presenter: Dante Morra, MD MBA FRCPC – Dr. Morra is the clinical site director of General Internal Medicine at the Toronto General Hospital, an assistant professor in the Faculty of Medicine at the University of Toronto and is cross appointed to the Rotman School of Management. His work in system transformation has been recognized with numerous individual and team awards including the 3M national quality award and the Goldie award for leadership. He is an award winning teacher and serves as the manager theme director for the undergraduate curriculum in the Faculty of Medicine. Dr. Morra is the co-founder and medical director of the Center for Innovation in Complex Care which pioneers new models of care with the goal of healthcare transformation.

Description: One of the best rated sessions in all our programs, this is a follow up to the previous session on Lean methodology with a quick run through of the simulation exercise (Lakeview) as a practice of change management. First, participants are asked to perform stakeholder interviews using the game system. Then after gathering all the information from these interviews and understanding what the costs are to implementing various interventions or policy changes, participants spend some time evaluating their options and “play the tactics,” which range from anything from better communication strategies to supplementing personnel with education, meanwhile being mindful that there are costs to any tactic played. After all the available tactics are played, participants are debriefed as to their performance and whether the original objectives of Lakeview were achieved.

Objectives: 1. Applying Change Management and Lean Principles to Lakeview Hospital Simulation

Interactive work: 1. Simulation: Stakeholder Interviews Lakeview
2. Simulation: Implementation Tactics

May 13 - Student Presentations and Course Debriefing

Moderator: Edward Etchells, MD MSc FRCPC – Dr. Etchells is the Associate Director of the Centre for Patient Safety and Staff physician at Sunnybrook Health Science Centre. He is also the co-director of the Certificate Course.

Description: The course concludes with this final session, in which course objectives are reiterated and debriefing covers how these were achieved and participants general views on the course. Remaining QI project presentations are presented with interactive analysis and discussion from peers and the moderator.